

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3674

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

DEATH NO. 17 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Pima		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Pima	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Tucson	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA Seven years	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Tucson	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Pima County Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 5826 East 24th. St.	
DENT ONAL ITA X 651 2044 USE OF ATH A 18) 2	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Kenneth B. (MIDDLE) C. (LAST) Dussault			4. SEX Male
	5. COLOR OR RACE White			
	6. MARRIED - - - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			
7. DATE OF BIRTH MONTH 4 DAY 11 YEAR 11		8. AGE YEARS 40 MONTHS 2 DAYS 3	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Plasterer	
9B. KIND OF BUSINESS OR INDUSTRY --		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Unkn.	11. CITIZEN OF WHAT COUNTRY? --	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No.
13. SOCIAL SECURITY NO. --				
14A. FATHER'S NAME Joseph Dussault		14B. BIRTHPLACE (STATE OR COUNTRY) Unkn.	15A. MOTHER'S MAIDEN NAME Ida Abair	
15B. BIRTHPLACE (STATE OR COUNTRY) Unkn.				
16. INFORMANT'S SIGNATURE <i>Elizabeth Dussault</i>		ADDRESS Tucson, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 14, 1951
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Chronic Leukemia ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Tuberculosis 4 mos.		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-14-51 TO 6-14-51 THAT I LAST SAW THE DECEASED ALIVE ON 6-14-51 AND THAT DEATH OCCURRED AT 3:40 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
23A. SIGNATURE <i>Francis J. Bean M.D.</i>		23B. ADDRESS Tucson Ariz		23C. DATE SIGNED 6-16-51
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 6-19-51	24C. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona				
25A. DATE REC'D BY LOCAL REG. 6-19-51		25B. REGISTRAR'S SIGNATURE <i>James H. Oakes</i>		25C. FUNERAL DIRECTOR'S SIGNATURE <i>James E. Leary</i>
25D. ADDRESS Arizona Mortuary		25E. EMBALMER'S SIGNATURE <i>Deland F. Baker</i>		25F. CERT. NO. 307